

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							61		
12							62		
13							63		
14							64		
15							65		
16							66		
17							67		
18		/					68		
19		/					69		
20		/					70		
21		/					71		
22		/					72		
23		/					73		
24		/					74		
25		/					75		
26		/					76		
27		/					77		
28		/					78		
29		/					79		
30		/					80		
31		/					81		
32	/	/					82		
33		/					83		
34		/					84		
35		/					85		
36		/					86		
37		/					87		
38		/					88		
39	/	/					89		
40		/					90		
41		/					91		
42		/					92		
43		/					93		
44		/					94		
45		/					95		
46		/					96		
47		/					97		
48	/	/					98		
49		/					99		
50							100		
TOTAL IND.	4						TOTAL IND.		
TOTAL DEP.	96						TOTAL DEP.		
TOTAL CLAIMS	100						TOTAL CLAIMS		

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36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	←		←		←		TOTAL IND.	←		←	
TOTAL DEP.	←		←		←		TOTAL DEP.	←		←	
TOTAL CLAIMS	←		←		←		TOTAL CLAIMS	←		←	